**Lifelong Learning**

**Application Form**

*If you have ever been registered for a course in ATU DONEGAL quote your student /ID Number and the latest calendar year you attended ATU DONEGAL:*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ID NUMBER:** |  |  |  |  |  |  |  |  |  |  | **YEAR** |  |  |  |  |

**Section One: Personal Details *(please complete in block capitals)***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname:** |  | | | | | | | | | | | | | | | |
| **First Name(s):** |  | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
| **Address:** |  | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
| **Eircode\*:** |  | | | | | | | | | | | | | | | |
|  | *\*required for all Republic of Ireland addresses. Eircode can be obtained at* [*https://finder.eircode.ie/#/*](https://finder.eircode.ie/#/) | | | | | | | | | | | | | | | |
| **Email Address:**  **(please enter clearly and with correct cases)** |  | | | | | | | | | | | | | | | |
| **Mobile Phone Number:** |  | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
| **Country of Birth:** |  | | | | | | | | | |  | | **Nationality:** | |  | |
|  |  | | | | | | | | | |  | |  | |  | |
| **Gender:** | **Male** | | | | | ☐ | | **Female** | | | | | | ☐ | |
|  | **Undeclared** | | | | | ☐ | |  | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | |
| **Date of Birth: (ddmmyy):** |  |  |  |  |  | |  | |  |  | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PPS Number:** |  | |  |  |  |  |  |  |  |  |
| *\*required for all Irish domiciled students* | | | | | | | | | | | |
| **Medical or Learning Disability** | |  | | | | | | | | | |

**Section Two: Course Choice** *(maximum of 2 courses)*

*Would you prefer to study On-Campus or Blended Learning? Please tick the box below.*

* **On Campus**
* **Blended Learning**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Preference**  **No.** | **Course Title**  ***(Full course title as per LYIT Website/Prospectus)*** | **Course Code** | **Course Year** | **ACCS Applicants**  **(tick here)** |
| 1 |  |  |  | ☐ |
| 2 |  |  |  | ☐ |

**Section Three: Previous Third Level Education (Higher Education) *(if applicable)***

*Please list your qualifications in order of completion (most recent first).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Higher Education Institution Attended** | **Years of Study**  **(From – To)**  **(MM/YY)** | Full Award Title | **Award Type**  **(e.g. Ord Degree – Level 7; Hons Degree –Level 8; Masters – Level 9)** | **Overall Result**  **(if known)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Attach transcripts of results for qualifications*

**Section Four: Fee Payment by Employer/Other *(if applicable)***

If your fees are being paid by your employer or another organisation, please insert details below.

|  |  |
| --- | --- |
| **Employer/Organisation:** |  |

*Attach a statement from the relevant organization stating they are paying your fees.*

**Section Five: Confidentiality & Data Protection Statement**

The information you provide on this form will be used to administer your application for a programme and, should you be successful, will form the basis of your student record.   Some data submitted, including PPSN, may be used for the purpose of statutory and other returns required by the Department of Education or Higher Education Authority and may also be released to the Department of Social Protection in connection with their Anti-Fraud checks.  Additional information or documents may be requested to process the application and verify information submitted.

By ticking the box opposite, you agree that:

1. ATU DONEGAL may process your personal information;
2. All information entered on this form is true, accurate and complete.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

**Application Form Guidelines**

Please read carefully before completing this application form.

1. This application form needs to be completed by applicants applying for Direct Entry to programmes of 60 ECTS or less (Minor and Special Purpose Awards).
2. If you have a disability, a significant ongoing illness and/or specific learning difficulty you are encouraged to indicate this on the appropriate section of the application form. This will allow us to plan and consider, in consultation with you, any reasonable accommodations that we can make. (Please note that disclosure of a disability and/or specific learning difficulty will not adversely affect your application in any way.)
3. Supporting Documentation: Please enclose certified copies of any Higher Education qualifications or transcripts of results with your application. Do not send original documents as any documentation submitted will not be returned.
4. For further information on applying to ATU DONEGAL please visit our website at [www.atu.ie](http://www.lyit.ie) or alternatively, you may contact the Admissions Office at (074) 918 6125 / 918 6127 / 918 6129 [admissions.donegal@atu.ie](mailto:admissions.donegal@atu.ie)

**Please return the completed application form together with any supporting documentation:**

by email to [grainne.mcbrearty@atu.ie](mailto:grainne.mcbrearty@atu.ie)

***Tá cóip den doiciméid seo ar fail i nGaeilge freisin***